

# DCDS SECURITY REQUEST

## DESIGNATION OF DCDS DEPARTMENT SECURITY ADMINISTRATOR DESIGNATION TO GENERATE TEMPORARY PASSWORDS

(CIRCLE ONE)

NEW  
USER

MODIFY  
USER

DELETE  
USER

### SECURITY ADMINISTRATOR INFORMATION:

NAME \_\_\_\_\_

DEPARTMENT # \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_ USER ID \_\_\_\_\_

AGENCY # \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ WORK SITE \_\_\_\_\_

TKU # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Please select **one** of the following roles:

- ☐ Department Security Administrator (Allows user to establish security and/or generate temporary passwords for DCDS users.)
- ☐ Reset Password (Allows user to generate temporary passwords for DCDS users.)

As Department Security Administrator, I accept responsibility for the following:

- Establish DCDS User IDs and passwords for departmental users.
- Insure that users' capabilities are consistent with their duties.
- Insure that individual users are not assigned incompatible functions.
- Monitor users' access and revoke or change access as needed.

As a DCDS user, I agree to protect my User ID and password from unauthorized use. I understand that everything done under my User ID and password is recorded as being done by me.

\_\_\_\_\_  
SIGNATURE DATE USER

I have reviewed the responsibilities noted above and agree that the person designated above has the necessary qualifications and experience to satisfactorily fulfill the role of DCDS Department Security Administrator or Reset Password.

\_\_\_\_\_  
CHIEF FINANCIAL OFFICER SIGNATURE DATE

**Send completed form to OFM, 5<sup>th</sup> Floor - Romney Building, 111 S. Capitol Ave., Lansing, MI 48909**

OFM

\_\_\_\_\_  
ENTERED BY DATE